

**TABLE 1
MEDICAID BENEFICIARIES AND EXPENDITURES
TOTAL AND FEE-FOR-SERVICE (FFS)
IDAHO, CALENDAR YEAR 1999**

Population Characteristics	Beneficiaries				Expenditures			
	Total Number	Percent of Total Beneficiaries	Number in Fee-for-Service (FFS) One or More Months	Percent in FFS One or More Months	Total Expenditures	Percent of Total Expenditures	Total for FFS	Percent for FFS
All	134,065	100%	134,065	100%	\$519,043,357	100%	\$518,724,663	100%
Age								
0-3	28,737	21%	28,737	100%	\$44,337,915	9%	\$44,314,748	100%
4-5	10,471	8%	10,471	100%	\$9,794,892	2%	\$9,791,261	100%
6-12	28,840	22%	28,840	100%	\$34,410,025	7%	\$34,387,619	100%
13-18	15,885	12%	15,885	100%	\$36,431,024	7%	\$36,410,232	100%
19-21	5,799	4%	5,799	100%	\$25,051,665	5%	\$25,033,091	100%
22-44	24,292	18%	24,292	100%	\$139,994,507	27%	\$139,888,196	100%
45-64	9,067	7%	9,067	100%	\$96,319,391	19%	\$96,237,178	100%
65 and older	10,973	8%	10,973	100%	\$132,703,938	26%	\$132,662,338	100%
Gender								
Female	78,094	58%	78,094	100%	\$308,683,817	59%	\$308,523,331	100%
Male	55,971	42%	55,971	100%	\$210,359,540	41%	\$210,201,332	100%
Race								
White	110,800	83%	110,800	100%	\$473,893,281	91%	\$473,607,893	100%
Black	885	1%	885	100%	\$2,463,054	0%	\$2,456,256	100%
Hispanic	18,373	14%	18,373	100%	\$31,941,406	6%	\$31,927,272	100%
American Indian/Alaskan Native	3,412	3%	3,412	100%	\$9,665,788	2%	\$9,660,298	100%
Asian/Pacific Islander	516	0%	516	100%	\$988,403	0%	\$981,523	99%
Other/Unknown	79	0%	79	100%	\$91,425	0%	\$91,421	100%
Dual Status								
Aged Duals with Full Medicaid	9,199	7%	9,199	100%	\$128,464,462	25%	\$128,448,708	100%
Disabled Duals with Full Medicaid	6,864	5%	6,864	100%	\$91,046,719	18%	\$91,039,227	100%
Duals with Limited Medicaid	2,760	2%	2,760	100%	\$3,826,269	1%	\$3,824,447	100%
Other Duals	66	0%	66	100%	\$365,357	0%	\$365,353	100%
Disabled Non-Duals	14,929	11%	14,929	100%	\$170,274,546	33%	\$170,151,022	100%
All Other Non-Duals	100,247	75%	100,247	100%	\$125,066,004	24%	\$124,895,906	100%
Eligibility Group								
Aged	10,888	8%	10,888	100%	\$132,262,787	25%	\$132,221,187	100%
Disabled	23,094	17%	23,094	100%	\$263,296,495	51%	\$263,163,965	100%
Adults	20,381	15%	20,381	100%	\$46,755,362	9%	\$46,680,637	100%
Children	79,702	59%	79,702	100%	\$76,728,713	15%	\$76,658,874	100%

Notes: Months are defined as fee-for-service (FFS) if they are months when an individual is enrolled in Medicaid but not in a Medicaid capitated comprehensive managed care or behavioral managed care plan. For subsequent tables, only FFS months are included.

Beneficiaries are all individuals enrolled in Medicaid, including children in Medicaid-SCHIP, for at least one month in the calendar year.

Expenditures are claims-based Medicaid payments, including both federal and state share.

Expenditures for FFS months are defined as expenditures for services during FFS months minus expenditures for capitation premium payments.

Eligibility Groups are mutually exclusive. All individuals age 65 or over are in the Aged group; all remaining individuals who are in Medicaid due to disability are in the Disabled group; remaining individuals are classified as Adults or Children according to whether they are classified as Adults or Children in state enrollment files.

TABLE 2
MEDICAID FFS MENTAL HEALTH BENEFICIARIES AND EXPENDITURES
COMPARED TO TOTAL FFS BENEFICIARIES AND EXPENDITURES
IDAHO, CALENDAR YEAR 1999

	Total Number of Beneficiaries in FFS Population	FFS Mental Health Population		Total Expenditures for FFS Population	FFS Expenditures for Mental Health Population	
		Number of Beneficiaries	Percent of Total FFS Beneficiaries		Total Amount	Percent of Total FFS Expenditures
All	134,065	15,814	12%	\$518,724,663	\$159,832,384	31%
Age						
0-3	28,737	221	1%	\$44,314,748	\$740,922	2%
4-5	10,471	538	5%	\$9,791,261	\$2,290,814	23%
6-12	28,840	3,662	13%	\$34,387,619	\$16,406,105	48%
13-18	15,885	2,539	16%	\$36,410,232	\$15,893,980	44%
19-21	5,799	503	9%	\$25,033,091	\$6,142,139	25%
22-44	24,292	4,929	20%	\$139,888,196	\$57,324,731	41%
45-64	9,067	2,293	25%	\$96,237,178	\$35,612,078	37%
65 and Older	10,973	1,129	10%	\$132,662,338	\$25,421,615	19%
Gender						
Female	78,094	8,814	11%	\$308,523,331	\$89,809,374	29%
Male	55,971	7,000	13%	\$210,201,332	\$70,023,010	33%
Race						
White	110,800	14,548	13%	\$473,607,893	\$151,011,200	32%
Black	885	99	11%	\$2,456,256	\$796,153	32%
Hispanic	18,373	787	4%	\$31,927,272	\$4,916,936	15%
American Indian/Alaskan Native	3,412	347	10%	\$9,660,298	\$2,930,550	30%
Asian/Pacific Islander	516	26	5%	\$981,523	\$151,285	15%
Other/Unknown	79	7	9%	\$91,421	\$26,260	29%
Dual Status						
Aged Duals with Full Medicaid	9,199	1,036	11%	\$128,448,708	\$24,550,495	19%
Disabled Duals with Full Medicaid	6,864	2,301	34%	\$91,039,227	\$36,856,249	40%
Duals with Limited Medicaid	2,760	336	12%	\$3,824,447	\$1,147,954	30%
Other Duals	66	27	41%	\$365,353	\$215,976	59%
Disabled Non-Duals	14,929	4,845	32%	\$170,151,022	\$71,611,536	42%
All Other Non-Duals	100,247	7,269	7%	\$124,895,906	\$25,450,174	20%
Eligibility Group						
Aged	10,888	1,124	10%	\$132,221,187	\$25,391,212	19%
Disabled	23,094	7,415	32%	\$263,163,965	\$109,281,627	42%
Adults	20,381	1,869	9%	\$46,680,637	\$8,723,575	19%
Children	79,702	5,406	7%	\$76,658,874	\$16,435,970	21%

Note: The FFS mental health population includes all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Expenditures are claims-based Medicaid payments, including both federal and state share.

Expenditures for FFS months are defined as expenditures for services during FFS months minus expenditures for capitation premium payments.

Eligibility Groups are mutually exclusive. All individuals age 65 or over are in the Aged group; all remaining individuals who are in Medicaid due to disability are in the Disabled group; remaining individuals are classified as Adults or Children according to whether they are classified as Adults or Children in state enrollment files.

**TABLE 3
MEDICAID FFS MENTAL HEALTH POPULATION
BY DIAGNOSTIC CATEGORY AND AGE GROUP
IDAHO, CALENDAR YEAR 1999**

Diagnostic Category	FFS Mental Health Population							
	All Ages		21 and Under		22-64		65 and Older	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Schizophrenia	1,495	9%	69	1%	1,273	18%	153	14%
Major depression and affective psychoses	3,796	24%	953	13%	2,598	36%	245	22%
Other psychoses	407	3%	31	0%	176	2%	200	18%
Childhood psychoses	365	2%	313	4%	49	1%	3	0%
Neurotic & other depressive disorders	3,075	19%	862	12%	1,862	26%	351	31%
Personality disorders	150	1%	33	0%	101	1%	16	1%
Other mental disorders	357	2%	91	1%	203	3%	63	6%
Special symptoms or syndromes	426	3%	217	3%	172	2%	37	3%
Stress & adjustment reactions	2,374	15%	1,729	23%	593	8%	52	5%
Conduct disorders	570	4%	502	7%	60	1%	8	1%
Emotional disturbances	548	3%	542	7%	6	0%	0	0%
Hyperkinetic syndrome	2,190	14%	2,101	28%	88	1%	1	0%
No Diagnosis	61	0%	20	0%	41	1%	0	0%
Total	15,814	100%	7,463	100%	7,222	100%	1,129	100%

Notes: The FFS mental health population includes all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

The diagnostic category for each user is the one that occurred most frequently among primary diagnoses on claims during the year.

Schizophrenia (ICD-9 CM diagnosis codes beginning with 295) includes both chronic and acute schizophrenic disorders.

Major depression and affective psychoses (ICD-9 CM diagnosis codes beginning with 296) includes manic, depressive, and bipolar disorders.

Other psychoses (ICD-9 CM diagnosis codes beginning with 297 or 298) includes paranoid states, delusional disorders, depressive psychosis, and reactive psychoses.

Childhood psychoses (ICD-9 CM diagnosis codes beginning with 299) includes infantile autism, disintegrative disorders, and childhood type schizophrenia.

Neurotic & other depressive disorders (ICD-9 CM diagnosis codes beginning with 300 or 311) includes anxiety states; phobic, obsessive compulsive, and other neurotic disorders; and unspecified depressive disorders.

Personality disorders (ICD-9 CM diagnosis codes beginning with 301) includes affective, schizoid, explosive, histrionic, antisocial, dependent, and other personality disorders.

Other mental disorders (ICD-9 CM diagnosis codes beginning with 302, 306, or 310) includes sexual deviations, physiological malfunction arising from mental factors, and nonpsychotic mental disorders due to organic brain damage.

Special symptoms or syndromes (ICD-9 CM diagnosis codes beginning with 307) includes eating disorders, tics and repetitive movement disorders, sleep disorders, and enuresis.

Stress & adjustment reactions (ICD-9 CM diagnosis codes beginning with 308 or 309) includes acute reaction to stress; depressive reaction, and separation disorders, and conduct disturbance.

Conduct disorders (ICD-9 CM diagnosis codes beginning with 312) includes aggressive outbursts, truancy, delinquency, kleptomania, impulse control disorder, and other conduct disorders.

Emotional disturbances (ICD-9 CM diagnosis codes beginning with 313) includes overanxious disorder, shyness, relationship problems and other mixed emotional disturbances of childhood or adolescence such as oppositional disorder.

Hyperkinetic syndrome (ICD-9 CM diagnosis codes beginning with 314) includes attention deficit with and without hyperactivity and hyperkinesis with or without developmental delay.

**TABLE 4
PSYCHIATRIC AND GENERAL INPATIENT HOSPITAL USE AND AVERAGE ANNUAL HOSPITAL DAYS PER USER
FOR MEDICAID FFS MENTAL HEALTH POPULATION, BY SEX AND AGE GROUP
IDAHO, CALENDAR YEAR 1999**

Sex	Age Group	Psychiatric Hospital		General Inpatient Hospital		Total Inpatient Hospital			General Inpatient Hospital Use by FFS MH Population for Non-Mental Health Diagnoses		
		Number of Users	Average Annual Days Per User	Mental Health Treatment		Mental Health Treatment			Number of Users	Percent of Total FFS Mental Health Beneficiaries	Average Annual Days Per User
				Number of Users	Average Annual Days Per User	Number of Users	Percent of Total FFS Mental Health Beneficiaries	Average Annual Days Per User			
Female	0-3	1	31	0	0	1	1%	31	12	12%	11
	4-5	3	6	0	0	3	2%	6	8	4%	7
	6-12	44	12	0	0	44	3%	12	23	2%	3
	13-18	157	22	0	0	157	14%	22	77	7%	7
	19-21	31	26	0	0	31	10%	26	92	30%	5
	22-44	312	11	104	0	413	12%	9	614	18%	5
	45-64	104	12	55	0	159	10%	8	339	21%	7
	65+	3	6	14	0	17	2%	1	212	26%	0
All Ages	655	15	173	0	825	9%	12	1,377	16%	5	
Male	0-3	1	4	0	0	1	1%	4	14	12%	3
	4-5	7	7	0	0	7	2%	7	7	2%	3
	6-12	120	18	0	0	120	5%	18	54	2%	5
	13-18	151	20	0	0	151	11%	20	43	3%	8
	19-21	22	38	2	0	24	12%	35	9	5%	6
	22-44	127	14	109	0	232	15%	8	167	11%	4
	45-64	40	14	22	0	62	9%	9	136	19%	6
	65+	1	2	6	0	7	2%	0	81	27%	1
All Ages	469	18	139	0	604	9%	14	511	7%	5	
Total	0-3	2	18	0	0	2	1%	18	26	12%	7
	4-5	10	7	0	0	10	2%	7	15	3%	5
	6-12	164	17	0	0	164	4%	17	77	2%	4
	13-18	308	21	0	0	308	12%	21	120	5%	7
	19-21	53	31	2	0	55	11%	30	101	20%	5
	22-44	439	12	213	0	645	13%	8	781	16%	5
	45-64	144	13	77	0	221	10%	8	475	21%	7
	65+	4	5	20	0	24	2%	1	293	26%	0
All Ages	1,124	16	312	0	1,429	9%	13	1,888	12%	5	

Notes: All beneficiaries in this table had a mental health diagnosis as the primary diagnosis on a FFS Medicaid claim during 1999, or received a clearly identifiable mental health service (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Those who received inpatient hospital services for which the primary diagnosis on the hospital claim was a mental health diagnosis are shown in the "General Inpatient Hospital – Mental Health Treatment" column. Those who received inpatient hospital services for which the primary diagnosis on the claim was not a mental health diagnosis are shown in the "General Inpatient Hospital Use by FFS MH Population for Non-Mental Health Diagnoses" column.

When a dually eligible beneficiary's inpatient stay is primarily covered by Medicare, Medicaid often pays a deductible. Some states interpret their payment of the deductible as Medicaid coverage for one day of the stay. Other states interpret "Medicaid covered days" as including only days covered in full by Medicaid, and thus report zero covered days on a crossover stay. Another group of states reports the number of days covered by Medicare as covered days. Finally, many states do not retain any details about lengths of stay on crossover claims. For any one or combination of these reasons, average lengths of stay for beneficiaries who are dually eligible (most aged and some adults) are inaccurately reduced because of the presence of individual claims with "1" or "0" covered days. In some circumstances this even causes inpatient hospital stays to average "0" days in length, and it explains more generally the low numbers that appear for some groups on Table 4.

Individuals may appear in more than one column on this table.

TABLE 5
EMERGENCY ROOM USE FOR MEDICAID FFS MENTAL HEALTH AND NON-MENTAL
HEALTH BENEFICIARIES, BY SEX AND AGE GROUP
IDAHO, CALENDAR YEAR 1999

Sex	Age Group	Mental Health Beneficiaries With Any Emergency Room Use					Non- Mental Health Beneficiaries With Any Emergency Room Use		
		Number	Percent of Total FFS Mental Health Beneficiaries	Average Number of Emergency Room Visits for Users of Any ER Visits			Number	Percent of Total FFS Non-Mental Health Beneficiaries	Number of Emergency Room Visits for Users of Any ER Visits
				For Mental Health Treatment	For Non-Mental Health Treatment	All ER Visits			
Female	0-3	62	62%	0.10	2.40	2.50	3,969	29%	1.73
	4-5	68	35%	0.01	1.57	1.59	856	18%	1.49
	6-12	299	23%	0.09	1.47	1.57	1,796	14%	1.39
	13-18	438	39%	0.23	2.21	2.44	1,306	18%	1.65
	19-21	182	59%	0.37	2.63	3.00	993	22%	1.86
	22-44	1,820	54%	0.37	3.18	3.55	3,138	21%	1.90
	45-64	770	48%	0.38	2.78	3.16	1,194	30%	2.13
	65+	302	36%	0.22	2.23	2.44	1,644	23%	1.71
	All Ages	3,941	45%	0.32	2.72	3.04	14,896	22%	1.74
Male	0-3	54	45%	0.11	1.63	1.74	4,503	31%	1.82
	4-5	101	29%	0.04	1.67	1.71	987	20%	1.43
	6-12	608	26%	0.09	1.40	1.49	1,873	15%	1.32
	13-18	432	30%	0.16	1.91	2.08	993	16%	1.43
	19-21	80	41%	0.45	2.11	2.56	129	18%	1.90
	22-44	723	46%	0.49	2.85	3.33	1,044	24%	2.00
	45-64	296	42%	0.46	3.01	3.46	800	28%	1.95
	65+	113	38%	0.24	2.35	2.59	587	22%	1.81
	All Ages	2,407	34%	0.28	2.21	2.49	10,916	22%	1.69
Total	0-3	116	52%	0.10	2.04	2.15	8,472	30%	1.77
	4-5	169	31%	0.03	1.63	1.66	1,843	19%	1.46
	6-12	907	25%	0.09	1.42	1.51	3,669	15%	1.35
	13-18	870	34%	0.20	2.06	2.26	2,299	17%	1.56
	19-21	262	52%	0.39	2.47	2.87	1,122	21%	1.87
	22-44	2,543	52%	0.41	3.08	3.49	4,182	22%	1.92
	45-64	1,066	46%	0.40	2.84	3.25	1,994	29%	2.05
	65+	415	37%	0.22	2.26	2.48	2,231	23%	1.74
	All Ages	6,348	40%	0.30	2.53	2.83	25,812	22%	1.72

Notes: An emergency room visit is classified as "for mental health treatment" if one of the mental health diagnoses in Table 3 is shown as the primary diagnosis on the emergency room claim. If any other diagnosis is shown as the primary diagnosis on the claim, the emergency room visit is classified as being for non-mental health treatment. Visits are defined by unique dates of service.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

TABLE 6
PRESCRIPTION PSYCHOTROPIC DRUG USE FOR MEDICAID FFS MENTAL HEALTH
AND NON-MENTAL HEALTH BENEFICIARIES, BY AGE GROUP
IDAHO, CALENDAR YEAR 1999

Age Group	Total FFS Beneficiaries with Any Psychotropic Drug Use		FFS Mental Health Beneficiaries with Any Psychotropic Drug Use		FFS Non-Mental Health Beneficiaries with Any Psychotropic Drug Use	
	Number	Percent of Total FFS Beneficiaries	Number	Percent of Total FFS MH Beneficiaries	Number	Percent of Total FFS Non-MH Beneficiaries
0-3	449	2%	24	11%	425	1%
4-5	425	4%	160	30%	265	3%
6-12	3,001	10%	2,147	59%	854	3%
13-18	2,418	15%	1,629	64%	789	6%
19-21	782	13%	362	72%	420	8%
22-44	7,415	31%	4,070	83%	3,345	17%
45-64	4,786	53%	1,991	87%	2,795	41%
65+	5,077	46%	909	81%	4,168	42%
All Ages	24,353	18%	11,292	71%	13,061	11%

Notes: FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during 1999 (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Psychotropic drugs are defined as drugs in any of the categories shown on Table 7, as grouped by Multum prescription drug grouping software.

Non-mental health beneficiaries who are dual eligibles may have received mental health treatment under Medicare that is not seen in Medicaid coinsurance claims.

TABLE 7
PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 21 AND UNDER WHO
USED PRESCRIPTION PSYCHOTROPIC DRUGS,
BY DIAGNOSTIC CATEGORY AND DRUG TYPE
IDAHO, CALENDAR YEAR 1999

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	69	71%	75%	26%	13%	7%	72%	7%
Major depression and affective psychoses	953	64%	29%	11%	12%	19%	42%	14%
Other psychoses	31	35%	52%	3%	10%	10%	32%	23%
Childhood psychoses	313	27%	31%	16%	2%	12%	25%	23%
Neurotic & other depressive disorders	862	52%	7%	10%	2%	8%	17%	28%
Personality disorders	33	24%	9%	9%	3%	6%	9%	55%
Other mental disorders	91	30%	21%	30%	0%	9%	25%	34%
Special symptoms or syndromes	217	23%	8%	12%	2%	5%	11%	52%
Stress & adjustment reactions	1,729	20%	5%	4%	2%	10%	9%	47%
Conduct disorders	502	33%	15%	6%	3%	19%	23%	36%
Emotional disturbances	542	30%	14%	6%	3%	19%	20%	37%
Hyperkinetic syndrome	2,101	32%	9%	5%	2%	73%	30%	11%
No Diagnosis	20	35%	5%	0%	0%	5%	5%	50%
Total	7,463	36%	13%	7%	3%	30%	23%	42%

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

TABLE 8
PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 22 TO 64 WHO
USED PRESCRIPTION PSYCHOTROPIC DRUGS,
BY DIAGNOSTIC CATEGORY AND DRUG TYPE
IDAHO, CALENDAR YEAR 1999

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	1,273	53%	87%	41%	12%	2%	66%	3%
Major depression and affective psychoses	2,598	78%	35%	47%	16%	5%	60%	7%
Other psychoses	176	50%	64%	38%	5%	3%	53%	10%
Childhood psychoses	49	51%	49%	18%	6%	2%	43%	18%
Neurotic & other depressive disorders	1,862	77%	13%	45%	3%	2%	44%	9%
Personality disorders	101	71%	41%	44%	10%	8%	58%	8%
Other mental disorders	203	36%	32%	40%	2%	1%	34%	25%
Special symptoms or syndromes	172	55%	12%	37%	1%	1%	33%	32%
Stress & adjustment reactions	593	61%	14%	38%	3%	3%	37%	24%
Conduct disorders	60	62%	37%	32%	3%	0%	40%	15%
Emotional disturbances	6	33%	33%	17%	0%	0%	17%	17%
Hyperkinetic syndrome	88	53%	15%	27%	2%	51%	48%	16%
No Diagnosis	41	51%	5%	29%	0%	2%	24%	22%
Total	7,222	68%	36%	43%	9%	4%	53%	16%

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

TABLE 9
PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 65 AND OLDER WHO
USED PRESCRIPTION PSYCHOTROPIC DRUGS,
BY DIAGNOSTIC CATEGORY AND DRUG TYPE
IDAHO, CALENDAR YEAR 1999

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	153	37%	87%	35%	4%	1%	53%	5%
Major depression and affective psychoses	245	74%	39%	52%	8%	2%	59%	5%
Other psychoses	200	43%	38%	31%	0%	1%	35%	29%
Childhood psychoses	3	33%	33%	0%	0%	0%	0%	33%
Neurotic & other depressive disorders	351	70%	23%	50%	1%	1%	50%	8%
Personality disorders	16	69%	75%	56%	0%	0%	75%	19%
Other mental disorders	63	43%	40%	32%	2%	3%	35%	32%
Special symptoms or syndromes	37	59%	30%	49%	0%	3%	51%	19%
Stress & adjustment reactions	52	60%	13%	40%	0%	2%	38%	21%
Conduct disorders	8	88%	75%	50%	0%	0%	88%	13%
Emotional disturbances	0	0%	0%	0%	0%	0%	0%	0%
Hyperkinetic syndrome	1	0%	0%	0%	0%	0%	0%	100%
No Diagnosis	0	0%	0%	0%	0%	0%	0%	0%
Total	1,129	59%	39%	43%	3%	2%	49%	19%

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).